MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535.764

FILING DATE 5-20-06

APPLICANT(S)

3-15-06 CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7				1			57						
8		2		1			58						
9		2		1			59						
10		2					60						
11							61						
12		2					62						
13							63						
14							64						
15							65						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	**TOTAL IND.**		↓		↓		↓
TOTAL DEP.	15	←	12	←		←	**TOTAL DEP.**		←		←		←
TOTAL CLAIMS	16		13				**TOTAL CLAIMS**						